

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Quality Assurance Division – Licensure Bureau
2401 Colonial Drive, PO Box 202953
Helena MT 59620-2953
FAX: (406) 444-1742

**APPLICATION FOR MONTANA STATE HEALTH CARE FACILITY / SERVICE LICENSE
HOME HEALTH AGENCY**

Initial Application ☐

Renewal ☐

Facility Name: _____ Administrator: _____

Facility Street Address: _____ PO Box: _____

City: _____ Zip: _____ County: _____

Facility Telephone Number: _____ FAX: _____

Facility E-mail / Web page address: _____

Check the service offered by the Agency:

☐ *Medical Social Service* ☐ *Homemaker Service* ☐ *Physical Therapy* ☐ *Nutritional* ☐ *Guidance*
☐ *Occupational Therapy* ☐ *Speech Therapy* ☐ *Home Health Aide* ☐ *Other:* _____

Identify the geographic area of the Agency Providing CON Approval for County: _____

Operating Organization

Information on ownership, contract or lease agreement if operated by a person other than the owner:

- ☐ **If a partnership, firm or association, list below every member thereof.**
☐ **If a corporation, list below the names and address thereof and the names of its officers.**
☐ **If State Affiliated Organization, list below:**

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

(Please attach additional sheets as needed.)

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List name and License number of all health care professionals employed by your agency

NAME

LICENSE NUMBER.

I certify that all information submitted to DPHHS is true and correct. This license Application to operate a Home Health Agency is hereby submitted under the provisions of MCA 50-5-101 through 50-5-231.

Signed: _____ Date: _____

Title: _____

Address: _____

City: _____ State & Zip: _____

Enclose a check or money order payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:

- (a) Facilities with 20 or less beds (stations) = \$20.00
- (b) Facilities with 21 or more beds (stations) = \$1.00 per unit.
- (c) Facilities with no beds=\$20.00

This fee will be deposited in the State Treasury and is non-refundable.